

Our Docket No.: 42P19124

-- EXPEDITED PROCEDURE --

RESPONSE UNDER 37 C.F.R. § 1.116 **EXAMINING GROUP 2600**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

		Corres. and Mail						
In re Application of:	`	BOX AF						
Kotamreddy)	Examiner: Nguyen, Hau H.						
Application No.: 10/795,939)	Art Group: 2676						
Filed: March 8, 2004)							
For: A Queue Partitioning Mechanism	_)							
RESPONSE AFTER FINAL								
Mail Stop: AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		.**						
Sir:								
In response to the Final Office Action	n n	nailed on October 4, 2005, which was						
made final, applicants submit this Amendm	ent	After Final Action for consideration.						
FIRST CLASS CERT	<u> IFIC</u>	CATE OF MAILING						
hereby certify that I am causing the above-referenced correspo- class mail with sufficient postage on the date indicated below an Patents, P.O. Box 1450, Alexandria, VA 22313-1450								
Decem								
Date of	of Dep	posit						
Leah S	Schw	enke						
Name of Person M	ailing	g Correspondence						
Slah Schwerter		December 2, 2005						
Signature		Date						
-								

Docket No.: 42P19124 Application No.: 10/795,939



FEETRAMSMITTAL for FY 2005		Complete if Known						
		Application Number						
		Filing Date	March 8					
Pate	ent fees are subject to annual r	evision.	First Named Inven	,	otamreddy	·		
Applicant clair	ns small entity status.	See 37 CFR 1.27.	Examiner Name	Ngyuen,	Hau H.			
TOTAL AMOUL	NT OF PAYMENT	(\$) 0.00	Art Unit	2676				
TOTALAMOON		(4) 0.00	Attorney Docket N	o. 42P19124	<u> </u>			
METHOD OF PAYMENT (check all that apply)								
□ Check □ Credit card □ Money Order ☑ None □ Other (please identify):								
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
		or underpayment of fee((s) 🛛 Credit an	ny overpayments.				
under 37	CFR §§ 1.16, 1.17	, 1.18 and 1.20.						
FEE CALCULATI	ON			- 4 - 4				
I LE OALOGEATION								
1. EXTRA CL	LAIM FEES Extra	Feefrom			•			
Total Claims	Claims	below Fee Paid 50.00 = \$0.00						
Independent	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	50.00 = \$0.00				# •		
Claims4 Multiple Dependent	*	200.00 = 30.00		ı	,			
	Small Entity			•				
	ee Fee Fee Description				• :	,		
	ode (\$)	600						
	202 25 Claims in excess 201 100 Independent cla	ims in excess of 3	•. •					
1203 360 2203 180 Multiple Dependent claim, if not paid								
		s in excess of 20 and over original pate	ent **or	**or number previously paid, if greater, For Reissues, see below				
'	SUBTOTAL (1)	(\$) 0.00						
2. ADDITION Large Entity	IAL FEES Small Entity							
Fee Fee	Fee Fee							
Code (\$)	Code (5)	Fee Description		Fe	e Paid			
1051 130		ate filing fee or oath						
1052 50 2053 130	· ·	ate provisional filing fee or cover sheet.	i.	ļ <u>.</u> .				
2053 130 1251 120		reply within first month		<u> </u>				
1252 450 1253 1,020		reply within second month reply within third month						
1254 1,590	2254 795 Extension for	reply within fourth month						
1255 2,160 1401 500	2255 1,080 Extension for 2401 250 Notice of App	reply within fifth month peal						
1402 500	2402 250 Filing a brief i	in support of an appeal						
1403 1,000 1451 1,510	2403 500 Request for a 2451 1,510 Petition to ins	oral hearing stitute a public use proceeding		<u> </u>				
1460 130	2460 130 Petitions to the	ne Commissioner						
1807 50 1806 180		ee under 37 CFR 1.17(q) of Information Disclosure Strnt						
1809 790	- T	ission after final rejection (37 CFR § 1.						
1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b)) Other fee (specify)								
Calci les (specily)		SUBTOTAL (2)		(\$)				
SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	Mark L. Watson	// //	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980		
Signature		/ /			Date	12/02/05		